

<b>DECLARATION AND POWER OF ATTORNEY FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)</b>		Attorney Dkt. No.	
		First Named Inventor	
COMPLETE IF KNOWN			
Declaration  Submitted with Initial Filing	Submitted after Initial Filing	Application No.	
		Filing Date	Herewith
		Group Art Unit	
		Examiner Name	

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Improved osteoinductive materials

, the specification of which was filed on March 26, 2004 as PCT International Application Number PCT/EP2004/003238 and was amended on \_\_\_\_\_.

I hereby state that I have reviewed and understand the contents of the above- identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Numbers	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES      NO
EP 03 007 141.9	EP	March 28, 2003		No
				No
				No

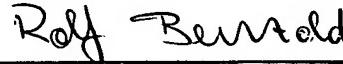
We hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)

I hereby appoint the registered practitioner(s) associated with Customer No. 6449 to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith. Direct all correspondence to Customer Number 6449.

I hereby declare that all statements made herein of our own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR:	<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name Jens (first and middle [if any])	Family Name POHL		
Inventor's Signature 	Date August 15, 2005		
Residence: City Hambrücken	State	Country Germany	Citizenship German
Mailing Address : Bastwald 25			
Mailing Address			
City Hambrücken	State	Zip 76707	Country Germany

NAME OF SECOND INVENTOR:	<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name Rolf (first and middle [if any])	Family Name BECHTOLD		
Inventor's Signature 	Date August 15, 2005		
Residence: City Heidelberg	State	Country Germany	Citizenship German
Mailing Address Carl-Zuckmayer-Str. 21			
Mailing Address			
City Heidelberg	State	Zip 69126	Country Germany

<b>NAME OF THIRD INVENTOR:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name Michael (first and middle [if any])		Family Name Kruse or Surname		
Inventor's Signature 		Date August 15, 2005		
Residence: City	Mainz	State	Country	Germany
Mailing Address	Im Brühl 3			
Mailing Address				
City	Mainz	State	Zip	55130
			Country	Germany

<b>NAME OF FOURTH INVENTOR:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any])		Family Name or Surname		
Inventor's Signature		Date		
Residence: City		State	Country	Germany
Mailing Address				
Mailing Address				
City		State	Zip	Country
				Germany

<b>NAME OF FIFTH INVENTOR:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any])		Family Name or Surname		
Inventor's Signature		Date		
Residence: City		State	Country	Germany
Mailing Address				
Mailing Address				
City		State	Zip	Country